

TOWN OF LEXINGTON
RECREATION AND COMMUNITY PROGRAMS

39 Marrett Road, Lexington, MA 02421 (*office*)
1625 Massachusetts Avenue, Lexington, MA 02420 (*mail*)
781-698-4800

TEDDY BEAR PICNIC 2016

PARTICIPANT INFORMATION SHEET

Child's Name _____		Birth Date _____		M <input type="checkbox"/>	F <input type="checkbox"/>
(Nickname)					
Address _____		Home Phone _____			
Parent's cell phone _____		Email address _____			
Registering for the week(s) of:					
<input type="checkbox"/> June 27 – July 1		<input type="checkbox"/> July 5 – 8*		<input type="checkbox"/> July 11 – 15	
<input type="checkbox"/> July 18 – 22		<input type="checkbox"/> July 25 – 29		<input type="checkbox"/> August 1 – 5	
		<input type="checkbox"/> August 8 – 12		<input type="checkbox"/> August 15 – 19	
<u>Basic Day</u>			<u>Lunch Bunch: \$10/day or \$25/all 3 days per week</u>		
Time: <input type="checkbox"/> 9:00 a.m. – 12:00 noon			<input type="checkbox"/> Tuesday 12:00 p.m. – 1:00 p.m.		
			<input type="checkbox"/> Wednesday 12:00 p.m. – 1:00 p.m.		
			<input type="checkbox"/> Thursday 12:00 p.m. – 1:00 p.m.		
<u>ALL PARTICIPANTS MUST BE TOILET TRAINED!</u>					
Tee shirt size: youth small <input type="checkbox"/> youth medium <input type="checkbox"/> youth large <input type="checkbox"/>				*Tuesday - Friday	

Please describe your child's previous school or playgroup experiences.

Has your child had the experience of being cared for by adults other than members of the immediate family? Yes ____ No ____ If yes, please describe:

Does your child have any food allergies (e.g. chocolate, milk, peanuts)?

(please continue on reverse)

Does your child have any insect allergies (e.g. bee stings)?

Will your child be on any medication while attending the program?

Does your child have any medical problems?

What does your child especially like to do (e.g. swim, paint, sing, share stories)?

Does your child have any fears or activity restrictions (e.g. water, loud noises, running, insects, etc.)?

I/We the parent(s)/guardian(s) of _____, a minor, hereby consent to his/her participation in Lexington Recreation and Community Programs Teddy Bear Picnic Program and to his/her use of the recreational facilities and equipment of the Town of Lexington. I/We further agree to release and save harmless the Town of Lexington, its officers, employees, agents and attorneys from any and all liability or expenses arising out of any incident involving, or on account of any injury to the above named minor in connection with such programs, facilities, or equipment.

PLEASE NOTE: Written permission is required for the staff at Teddy Bear Picnic to allow your child to leave with an adult other than parent or guardian. Please give the name, address and phone number of anyone whom you will allow to provide alternate transportation for your child.

Name _____ Relationship _____

Address _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____ Home Phone _____ Cell Phone _____

In the event of an emergency, please contact: (complete if different from names allowed for alternate transportation.)

Name _____ Relationship _____

Address _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____ Home Phone _____ Cell Phone _____

In the event I cannot be reached in an emergency, I hereby give permission to the Town of Lexington and the Recreation and Community Programs staff to authorize a physician at a local hospital to secure proper treatment for my child as named above.

Parent/Guardian Signature

Date

IMPORTANT! All department health forms, along with a physician's form stating *child's physical took place within the year of camp dates*, must be returned by June 1. Your child WILL NOT be able to attend this program without them. **NO EXCEPTIONS!**